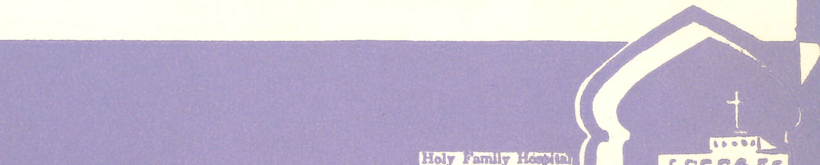
Medical Missionary


Holy Family Hospital

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THE MEDICAL MISSION SISTERS

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

Missions

Africa, India, Indonesia, Pakistan, South America, Southern U. S.

U.S. Houses of the Society

Motherhouse and Novitiate— 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.
House of Studies—6th & Buchanan Sts. N.E., Washington 17, D. C.
House of Postulate—4374 Grant Rd., Mountain View, Cal.

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The Medical Missionary

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Volume XXVI Number 4

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YOUR WILL . . . .

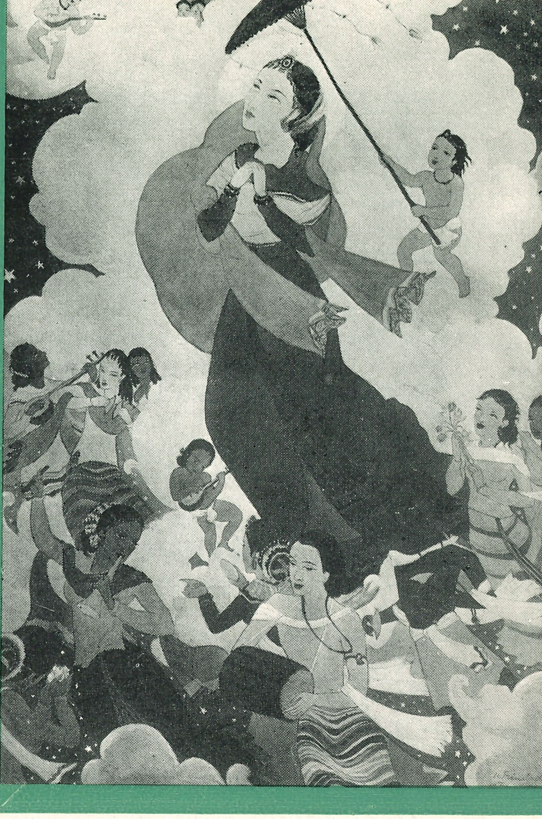
can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $ .... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

MOTHER MARY for MOTHER INDIA

Sr. M. Richard, S.C.M.M.



THE ASSUMPTION Angela Trindade

India now belongs to Mary in a special way for the Holy See has appointed Our Blessed Mother as the heavenly patroness of that land. On August 15, four million Indian Catholics will celebrate the first patronal feast of their country and invoke Mother Mary in behalf of Mother India.

India must be particularly dear to Mary. It must remind her of home. There are so many Nazareths, little villages where barefoot maidens walk to wells for water, crush their own wheat between stones and sweep the earthen floors of humble homes and spend their days in much the same way that she did. There are carpenters too, with simple tools carefully fashioning wood, and baby boys toying with the shavings. Her thoughts of such village life are reminders that One is missing from the scene and the Maid of Nazareth longs to make her visitation to each dwelling, bearing Christ. With how much delight will Mary grant "prevenient grace," the grace which prepares for grace, to those in need in India when their fellow countrymen ask it of her.

The choice of the Assumption as India's particular Marian feast is not without significance. The Assumption marks the day when Mary's mediation for men reached its full maturity. Gloriously reigning beside her Divine Son, of whose infinite treasures she is the chief administrator and dispenser, our Lady's heaven is spent giving grace to souls on earth. The heart that was broken open on

Calvary, wide enough to include the whole of humanity in maternal love, cannot fail to compassionate those in India who have yet to find their Mother.

Another reason for the choice of the feast of the Assumption is that August 15 is India's Independence Day. This year marks the fifth anniversary of the nation's freedom. Much progress has been made but like every other young nation, India has problems to face and obstacles to overcome. The question of Communism in the political sphere and that of countrywide adoption of artificial birth control in the social sphere are but two of the problems that must be answered in the near future.

The Indian Bishops are aware of these problems. When they met in their first plenary council, one of their resolutions was a petition to Our Holy Father to place their Church and their nation under the protection of the all-powerful Virgin. Builders of a growing Church, they wish to have their Mother's special help; patriotic citizens, they wish to make a genuine contribution to their country. They desire to give Mary, for freedom is Mary's particular gift. Freedom from sin and its shackles, freedom to choose to say "be it done unto me according to Thy Word, would be real independence for India.

The new Sovereign Democratic Republic anxious for freedom has been given the freest of creatures as its guardian. In reply to its problem of Communism the Mother of true brotherhood can give the solution and She who conceived Life Itself has an answer for those who would kill life. India has a patroness that can make of that country a land of life, liberty, peace and happiness.

During the month of August let us ask in prayer, for India, through Mary's Assumption. Prayers are powerful weapons. They have stopped wars and converted sinners, saved lives and made saints. They can build Christian nations.

On the feast of the Assumption, pray with Indian Catholics to the Mistress of the World that Mary may reign in India and it may achieve true independence.

◆

"Today the immaculate Virgin defiled by no earthly passions, nourished by heavenly thoughts, went not back into dust but, herself a living heaven, was gathered into the heavenly tabernacles. How could she taste death from whom the true Life flowed for all? Yet she bowed to the law laid down by Him to Whom she gave birth and as a child of the old Adam underwent the old judgment (for indeed her Son, too, Who is the very Life did not refuse it). Now as the Mother of the living God she is fitly carried up to Him."

St. John Damascene

Homily for the Feast of the Assumption.

IN THE MOSLEM CITY OF KARACHI . . . .

Oasis of Christian Culture

Sr. Alma Julia, Ph.G.

"Good morning, Sister."

"Mummy, here comes Sister."

The little Goan girl beamed as she held open the door. Mrs. D'Souza hurried in from the back room, carrying a baby in her arms, smiling a welcome. That is one thing that impresses me—and pleases me, going from house to house on my begging tour—almost everyone of the Goans seems really delighted to see me coming.

I begin—"I'm making the collection for the new Holy Family Hospital—"

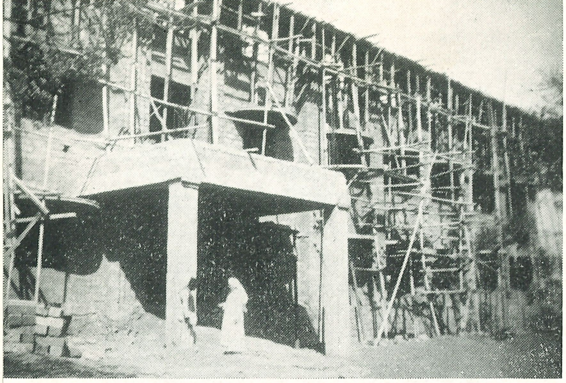
"Yes, Sister, we know. Father announced it Sunday. Do sit down Sister." Honey, to the baby, "say 'Good-morning' to Sister." Baby just smiles and shakes her curls. I gaze around the room while Mrs. D'Souza goes back into the other room for her donation.

This is a typical front or living room. Among the poorest it is the only room, with beds curtained off on one end. It varies from that to the detached bungalows of the richest. But one feature is the same in all. The most important item in the room is the shrine of the Sacred Heart.

Often instead of a picture of the Sacred Heart being the shrine, it is a statue of the Sacred Heart or of Christ the King. Some of the statues are the most beautiful I have ever seen of Our Lord. A few show Christ the King seated on a throne, with a scepter and a crown. To my surprise I heard that these statues had come from Spain or Portugal or Rome. Sometimes, a lovely shrine and exquisite statue is found in so poor a house that there are no chairs and almost no furniture but a string bed and no covering on the cement floor. Maybe the Statue and Shrine are legacies of better times or family heir-looms. I wish I had time to make a study of Goan religious art and history.

And Religion is taken so naturally! I come to one door in an apartment —a tenement we would call this one in America. Here the family are kneeling before their shrine saying the evening Rosary.

I stand outside the doorway and slip my own beads through my fingers until they finish and call me in. There is no apology or embarrassment. It is all natural and the expected thing. It doesn't matter that all the families passing along, even the Muslim families, can see them kneeling there at prayer.



Sister Alma Julia supervising construction of Karachi's new Holy Family Hospital.

"Come in, Sister. We were expecting you for the collection. Here, darling," to a little four year old, "come, get Sister's blessing." But Sister isn't used to handing out blessings, so she pats the youngster's cheek and gives her a medal, which the little girl kisses as she backs away to Mummy's knees.

In the next building it is much more crowded. Only one or two rooms to a family. It is not necessarily due to poverty, but to the serious housing shortage. If a girl or boy wants to get married, there is nothing else to do but to move in with the parents of one or of the other. Even if one has the money, it is almost impossible to build due to lack of materials and priority for industries and refugees, and other reasons—perhaps official red tape. Anyhow what was once a three room apartment now often houses a family in each room.

There are several parishes in Karachi. The main one, St. Patrick's Cathedral, (originally a church built by an Irish Regiment) has 12,000 parishioners, mainly Goans with a sprinkling of Punjabi and Sindhi Christians and the few Catholics from the Foreign Embassies and firms.

About four years ago Karachi had a population of 400,000. Today it is over 1,200,000. Thousands of families are literally on the streets—refugee families, not our Goan families who were here before. But the Goans have doubled up and then doubled up again to make room so that the crowding is rather bad.

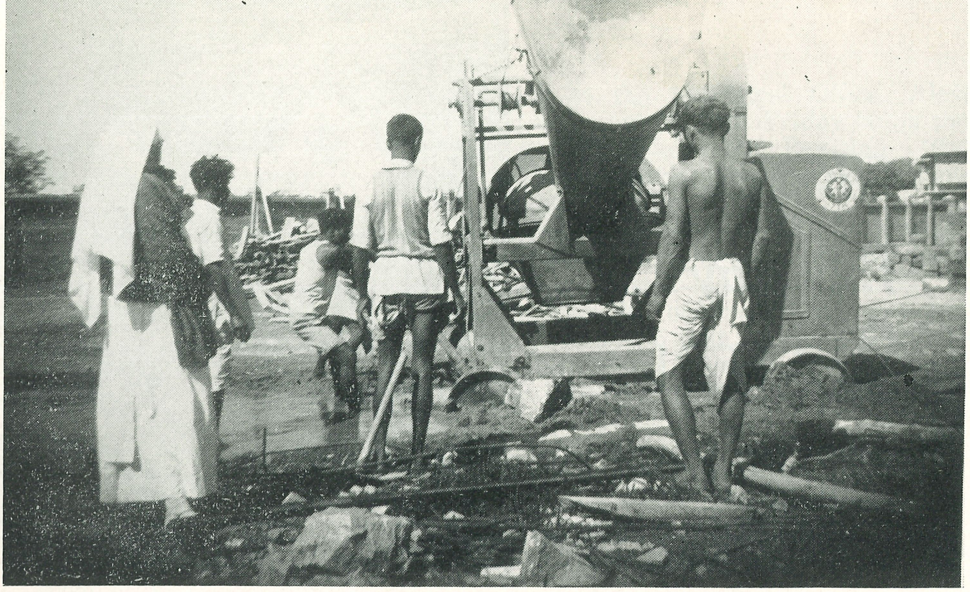
There are about 15,000 Goans in Karachi, some families having been here two or three generations — others came with the business and the war, etc. Now they number about one Goan to every 800 Muslims — a nervous minority.

Goa is a small country on the southern part of the West Coast of India, belonging to Portugal. Whether Portugal can hold it or whether India will absorb it is another story.

The Goans, you know, are the converts of St. Francis Xavier of 400 years ago. Although there may be little Portuguese blood in their veins, they have inherited the Portuguese culture of those days with their Catholic faith. The piety of these people is that of the devout Catholic of old Portugal and much of their outlook is old world and old-fashioned (of the best type) of those days. A living faith that seems so rare in our streamlined modern day.

They speak English, though not all, here in Karachi. Some of the old women and some of the newer established families from Goa speak only Conconi. Conconi is a dialect of Goa, a mixture of Hindi and Portuguese that over 400 years has become a separate language. The early Mass at the Cathedral is the Conconi Mass where the prayers and hymns are in Conconi. Congregational singing is beautifully done. About 1,000 people attend that Mass.

When I come into the homes where they speak only Conconi, my girl-guide has to interpret for me. However, little interpretation is necessary, as my coming was announced also at the Conconi Mass in their own language. An old Goan granny kisses my hand, or kisses her own fingers and touches them to my crucifix. To an American this is un-



Stuck in the Mud! Cement mixer at new hospital.

expected, but this is not America. For this little while I am not even in Pakistan; I am in Goa, the land of St. Francis Xavier, or in Spain during the time of St. Teresa. **An oasis of Christian culture in the Moslem city of Karachi!**

Our Goan Catholics have Portuguese names—the surnames. How come that all the names are Portuguese: D'Souza, Fernandes, Pinto, D'Silva? Surely only a minority of the Portuguese married into the native population. The reason I read somewhere was this. In all India surnames were not used amongst the natives. When St. Francis Xavier converted and baptised a village, of 500 people, let's say, the Portuguese ship Captain or Governor acted as Godfather to that village and gave his name. If you read the life of St. Francis Xavier you will find that that was the case.

Did I compare the attitude of the Goans in Karachi to that of the Irish in America? As Ireland is their spiritual home so Goa is the spiritual home of the Goan in exile, in Karachi, or wherever they go. "There is no work in Goa," they tell you. I should also add—what St. Patrick is to the Irish, so St. Francis Xavier is to the Goans. Of course, the Catholics in Travancore or in Malabar, still farther south on the same coast, who were converted by St. Thomas the Apostle himself, look upon the Goans as "recent" converts and not quite—well, not quite the Catholics *they* are. Why the Goans have been Catholics *only* 400 years while *we*, the Malabar Christians, have been Catholics since the time of Our Lord Himself almost!

Who really are the better Catholics of the two? That I cannot answer. I can only say that both groups edify me very much. Almost the only St. Thomas Christians I know are the girls who came to our hospital in Rawalpindi for their training and to become Medical Missionaries later in Travancore, and I thought they were wonderful. But their "culture" is more indigenous and not the Portuguese culture of the Goans.

I am so glad that I have this opportunity to get better acquainted with the Goans of Karachi. To help raise funds for the new Holy Family Hospital we are building, I received permission from the Archbishop to

(Continued on page 256)

Give us this day . . . WATER!

Sr. M. Ursula, S.C.M.M.

Sr. M. Ursula goes out on donkey cart in search of water.

"Sister, there is no water."

What! A hospital full of patients, not counting Sisters, nurses, servants and the dhobi (laundry-man to you) who does the wash on the premises—and no water. The temperature 109 degrees in the shade!

I started to investigate. The water from the city comes in for a couple of hours a day and flows into a small sunken tank we have in the side yard. From there a small electric pump sends it to the roof tank. Perhaps Gerald forgot to put on the pump.

"Sister, I did turn on the pump last night, but it only ran for a short time. The ground tank was almost empty."

Next I looked into the ground tank. Sure enough there wasn't enough water in it to pump to the roof. Just before that, Moti Lal, the dhobi, came to me in the garden where I was cutting the few roses that had come out. "Sister," he said, "water is coming in very slowly. I won't have enough to wash the clothes." The garden tank, too, was empty!

This was serious. "Sister, (one of the cleaning servants) there is no water to wash the floor." "Sister, I have no water to wash the babies' napkins." "Sister, there is no water in the bathrooms.'"

A neighbor leaned over the fence. "Sister, are you out of water, too?" Before I could explain, she continued. "We have had very little water for three days, and now this morning it is trickling in so slowly it took over half an hour to fill one pail."

And only this morning there were headlines in the papers about the terrible flood in America! So that's where all the water went!

Actually for the past two summers the papers have been full of complaints about the water situation in Karachi, the new capitol of Pakistan—on the edge of the Sind Desert! Since Pakistan was established four years ago in the partition of India, the city has grown from a population of 400,000 to over 1,200,000. But the amount of water coming into the city remains the same—or less. Well water is brackish and unfit for drinking purposes so the city supply comes from the Indus river 80 miles away. Most of it, at least.

New lines have been extended to the refugee settlements all around the town, but sometimes hundreds of people are lined up to collect water from one tap, and if the tap runs only a couple of hours a day—or stops running? Well, there were some riots, fights, and an occasional murder over the water situation. But so far we have had enough in our hospital. Different parts vary.

Although there was a serious water shortage in the past two summers, yet this is the first time the shortage developed so early as the middle of April. The rains come only in July. And perhaps the rain may *not* come—last year it rained for only a few days after a whole year of no rain.

What to do? I immediately warned everyone in the hospital to conserve every drop of water.

Next I telephoned the Municipal Office, but that was useless. The Executive Engineer was the man who handled the matter and he was "out." No one knew when he would be back. It was at this point that the cook suggested that we buy a truck-load of water from the Municipal Gardens, which is the one place from whence water is distributed around the city to waterless places and in the suburbs where they have no water. The price of one truck would be about two dollars. That is for 400 gallons. Private water-carriers carry skins of water from house to house and in these times of scarcity are selling it for about 25 cents per skin—which is terribly expensive for the very poor people. They probably buy just enough for drinking purposes and cooking— or roam around the city with jugs and collect some themselves where they can.

I immediately dispatched Charles, our handy-man, to the Gardens for a truck-load of water. He was told that he first had to deposit the money at the Municipal Office (another part of the city), get a receipt, and then the water could be procured. I sent him to the Municipal Office. Alas! It was now too late. Friday being the official half-day in Pakistan (the Muslim Sunday) the office had already closed.

Sister Alma Julia had the bright idea to telephone the Chief Commissioner, who had helped her out in emergencies before. He was out, but his clerk said that the Chief Engineer lived not far from us and we might find him at his home and get him to do something.

So off we went for another servant to find the Chief Engineer while we sat down to lunch feeling that now something would happen. But back came the servant. He could not find the man. Knowing how timid these servants are anyway, I decided that I had better go and hunt for him myself. So in spite of the noonday sun, I walked up and down the street looking for Gupta Mansions, which I finally located far from where we were told to find it. Then up and down wooden, ricketty stairs, but no one knew of any Mr. d'Costa who worked for the Municipal Office or was an Engineer of any kind.

Before I left on that quest I instructed the servant to hire a donkey cart and load it with whatever containers we had large enough to bring back some water from the new hospital site. There was a new pipe line and water tank there for building purposes. At last we had one stroke of good fortune. The water was coming in freely at the new hospital tank and soon two loads of water were brought to the old hospital. Just as the second trip ended the water stopped there also. The next morning I went to the Municipal Office to get the necessary permit and pay for a truck full of water from the Municipal Gardens. I found the right office but was told that the Executive Engineer was making his rounds — whatever that means — but to come back later. The assistant said, "Mem-sahib, I don't know when he will be in. Maybe five minutes, maybe an hour, maybe not till eleven."

When I returned at eleven I was immediately ushered into the office. I told my sad story of a waterless hospital, which was just a variation of what he had been listening to all morning. His only reply was to fill out a form for a permit to buy a truck full of water from the Municipal Gardens. While I was doing this, an Englishman came in with his complaints. He is the Headmaster of a large school here and for the past three days has had to buy his daily truck of water, only he objected to having to go through the same formalities each day.

"Why can't I pay for a week's supply at one time and save all this time?"

"Sir," the Executive Engineer answered, "that I cannot allow. In the first place I'm not sure we will have any water tomorrow—much less in a week from now. You see, the Joint Water Board supplies us with water which we have to distribute as evenly as possible."

At this point I ventured to ask, "Isn't there some way that a general permit could be issued to hospitals and public institutions? After all, we can hardly tell the patients to go home because we have no water. It will certainly come to that if this situation lasts until July."

The Executive Engineer was really at a loss. "Sister, you might try the Chief Commissioner; he might be able to help you." (I doubt that he would).

In the meantime the clerk returned with my permit so I left with an assurance of 400 gallons for today.

After this we must add to the Lord's Prayer, "Give us this day our daily bread and WATER."

May They Rest in Peace

Most Rev. Henry Streicher, Bishop of Uganda, Africa
Most Rev. Thomas J. Walsh, Bishop of Newark, N. J.
Rev. James C. Curry, Chicago, Ill.
Sr. M. Angela, S.B.S., Cornwells Heights, Pa.
Sr. Mary of St. Francis of Assisi, R.G.S., Phila., Pa.
Mother Mary of the Visitation, Cornwells Heights, Pa.
Mrs. Bertha C. Guntz, Wasau, Wis.
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Miss Magdalena Heckmann, Buffalo, N. Y.
Mrs. Anna V. Leonard, San Diego, Cal.
Mrs. M. Loefler, Wash., D. C.
Miss Marie Mueller, Milwaukee, Wis.
Mrs. J. Nicholson, Washington, D. C.
Mrs. J. O'Hagen, Wash., D. C.
Mr. Carl Tichlofen, Burlington, Wis.
Miss Margie Twomey, Bloomington, Ill.

An Oasis of Christian Culture

(Continued from page 253)

go to the individual homes for that purpose. So far I have visited about 1000 families; very short visits I must admit, at least 20 families a day, a few minutes each. Rich or poor they have been most generous according to their circumstances—much more generous in comparison, I would judge, than a family in similar economic circumstances in the U. S. A. In fact, some families are so poor that I felt that I should leave a donation instead of taking one, but it is their *own* Catholic hospital and that would hurt their feelings. They want to give *their* bit. They are personally interested and anxious for its success.

As 654 babies were born in Holy Family Hospital during 1951, it was not a surprise to me when in every second or third house I would hear, "This is a Holy Family Hospital baby, Sister. Don't you remember me? Sister Dolores knows me." So I pat baby's cheek and ask about his or her health and if the baby isn't so well, leave a Miraculous medal and recommend that the mother bring her back to the hospital to see Sister about her diet, etc.

Has it been worth while? Yes, not only for the financial aid, but for the contact. A little help here and there with a few words! Although I wonder whether I did them as much good as they did me.

"I CAME FOR AN OPERATION!"

Sr. M. Elise, M.D.

With this laconic statement Kusheilia walked into Holy Family Hospital in Patna one day. She was a little dried up stick of a woman. She looked about sixty, but probably was not more than fifty years old. All alone, a big cloth wrapped bundle on top of her head, she walked into the hospital office, and announced herself as a prospective surgical patient. Questioning revealed that an acquaintance of hers in the village had been in our hospital for an operation and had come home entirely cured. Kusheilia had long put up with complaints similar to those of her friend, but then and there she decided to do something about them!

Ordinarily this would have meant long family parleys, consulting everyone, everyone objecting and counseling delay. But Kusheilia was made of different stuff. Without any more ado, she collected a few belongings, told her relatives and friends to expect her back in a few weeks, and walked the twenty-odd miles from her village to our hospital. It never entered her unsophisticated village mind that a few preliminary arrangements and inquiries might be indicated. With perfect aplomb she made her own diagnosis, ordered her own treatment, and picked the time of her convalescence!

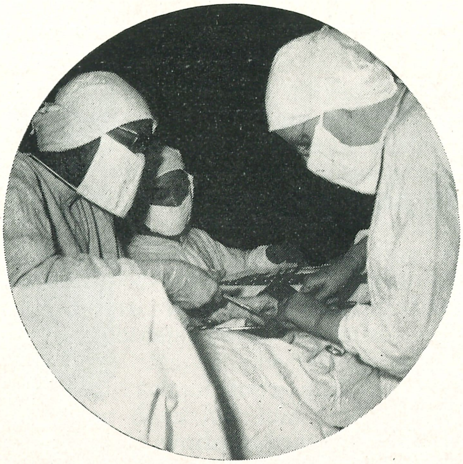
We were so amazed and delighted at this unheard-of show of independence in an Indian woman, that we hadn't the heart to refuse her. Fortunately she did have a tumor, and she did need an operation!

When we told her, "Yes, we'd be glad to take care of her," she sat down on the floor, opened her bundle, put out some brass dishes and a clean sari, and un-did a piece of cloth holding a handful of coins.

"That's all I have," she said serenely. "Will it be enough?"

Solemnly we counted the copper annas and pice, collected heaven knows how, for Indian widows usually have no money at all. It came to about eight rupees, ($2.50). We gave her back a few coins, so she would be able to buy some sweets and tidbits during her hospital stay, and then assured her that the rest of her money would pay for everything. Refusal to take money would have been foolish and discourteous. Kusheilia had no intention of being a beggar, nor would she have understood the idea of charity for its own sweet sake.

All through her hospital stay Kusheilia continued exactly as she had started. It was such a delightful novelty to have a self-possessed, imperturbable patient with no doting, interfering relatives around her, that the Sisters and nurses vied with one another to give her the best of ev-



Sr. M. Elise, M.D. (r.) performed the operation.

erything. For about $2.50, Kusheilia had a major operation under general anaesthesia, three weeks of expert nursing care in a clean hospital bed, three good meals a day, and all the medicines, hypos, dressings, etc., she needed!

Apart from the physical improvements, Kusheilia also reecived a psychological lift which will last her for the rest of her life. Those sharp, brown eyes of hers didn't miss a thing, and what she didn't understand she asked to have explained to her. The comings and goings of the Sisters to chapel and hospital, the Angelus bells, the talk of the other patients and relatives, everything interested her. In return she told us something of her life as a Hindu widow in a large household of farmers. Indian widows may not remarry, and lead a secluded, penitenital, unwanted existence. Kusheilia's sturdy, self-reliant nature had made her independent far beyond the usual lot of Hindu women, but even for her, this trip to the hospital was her first peek into the great world.

Naturally speaking, this was her only chance to come in contact with Christianity. No priest, no catechist, no book could have reached her. But medical treatment she sought and accepted gladly, especially when brought to her by women. No doubt the ideas and impressions stored up during her hospital stay will be handed on to relatives and friends in the village. No one will ever be able to measure the ripples made by one stone thrown into a village pond. Thus, slowly, and steadily, the Faith can and must reach the women of India.

LOTS FOR LITTLE

Everyone wants LOTS FOR LITTLE. Is it any wonder, then, that someone found a way to help the poor twice with the same gift?

LOTS FOR LITTLE is a permanent thrift shop, which makes necessities and useful articles available to the poor and to people of modest means. Volunteer workers keep LOTS FOR LITTLE expenses at a minimum. Every penny received for goods sold is turned over to the several Catholic Charities.

Many of our friends have expressed a desire to do more for our cause. May we suggest this means of caring for the sick, clothing the naked and feeding the hungry? Send that sweater your youngster outgrew, those books you've read and re-read or that table you replaced with a newer model to:

LOTS FOR LITTLE, INC.
1214 Third Avenue
New York 21, N. Y.

If you live in the New York area, goods are called for within reasonable city limits.

Swargat — Welcome

Sr. Ignatius Marie, S.C.M.M.

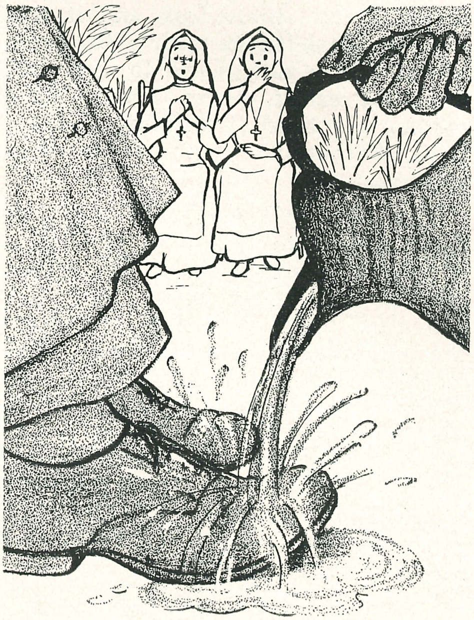
"Naye Purchit Ka Swagat Deshi nek dastur ke anusar."

Thus read the invitation that came recently to all the Sisters at Holy Family Hospital, Mandar.

"What does it mean?" asked Sister Francis, our most recent arrival.

"It is an invitation from the parishioners of St. Aloysius Church, Mandar, to attend 'A Welcome to a Newly Ordained Priest; according to the customs of our country.' Father Nicholas Panna is the first boy of this parish to be ordained a Jesuit. It certainly will be a reception in real aboriginal fashion, a la Chota Nagpur."

"What does it say? I wish I could read it."



"You will be *seeing* it, for you and I will attend it."

As I walked away I looked at the program and wondered just what was going to happen. Git (song), nauch (dance), mala (garland), yes, of course, these were a part of every Chota Nagpur celebration—even nahana (washing) was a part of every welcome. But what about tel (oil) and pahinna (clothing)? This was new to me; so I too, could wait and see.

The Church compound, just across the road from the hospital, was gay with bright colored banners and pennants, that waved from bamboo poles at least fifteen feet tall. Across the entrance was an elaborate green arch made from fresh new shoots of bamboo, and supporting a scarlet banner, bearing the word "Swargatam" (Welcome) in white letters.

A slightly raised stone platform was tastefully decorated with potted ferns, palms, etc. The guest of honor, Rev. Nicholas Panna, S.J., Rev. Nicholas Kujur, S.J.V.G., (now Bishop of Ranchi) representing H. E. Rt. Rev. O. Sevrin, S.J., D.D., who was in Rome, Very Rev. Joseph Binje, S.J., Superior Regular, some ten or twelve more priests, a group of the Sisters of St. Anne, who teach in the Mandar Parish School for Girls, Sister Francis and I, were finally seated on the platform.

There must have been close to a thousand people seated on the grass before us—men to our left, women to the right with the open space between them lined off somewhat in gridiron fashion. Drummers, always present at an aboriginal celebration, were grouped just behind the open space.

Just as the programme had listed, first came the "Ghitwallas," the singers. They were girls from the upper grades of the Parish School. Each girl had a full blown scarlet hibiscus tucked in her long black braids and in her hand each had a small gay colored pennant. The song for such occasions is always special for it deals only with the guest of honor. True to type, their song gave thanks to God for this great day and related how Nicholas Panna had been born in the village of Musmano in Mandar Parish—how as a small boy he tended his father's cattle and had gone to school—how he heard God's voice calling him and one day some seventeen years ago, he had left them all and gone to far away places, and now he had come back to them a priest. Every single mention of Father's name, yes, even the pronoun "You" was accompanied by a profound bow, that brought the hibiscus to the fore and caused the pennants in their hands to sweep the ground.

By the time they finished, there wasn't much in Father's past that hadn't been brought to light. It wasn't exactly from the house tops, but it was just as effective. They ended by garlanding everyone on the platform. As was proper, the choicest garland went to the guest of honor, who slipped off his shoes before he received it. That must be the essence of courtesy, for I had never seen that done before.

Next came a group of boys from the Parish School, who told the story of the beginning of Father's career at THEIR school. While they had no gracefully arranged saris or flowered trimmings to add beauty to their performance, their well-oiled heads bobbed in unison at every "Ap" (you) and they did very well.

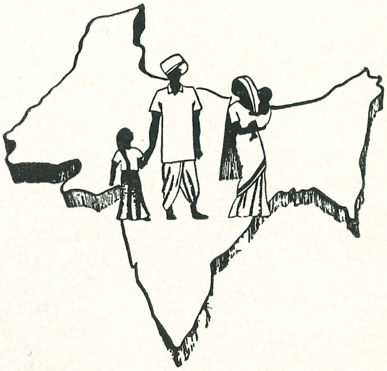
For the ceremonial washing of hands, that is included in every welcome in this part of the world, a large pewter ewer and tray was brought. Because it was Fr. Panna's party, some extra washing must be offered to him. That Father wore new shoes, did not deter them in the least—having washed his hands, they just poured water over his shoes. I could feel Sr. Francis' consternation. Finally her whisper reached my ear, "What shall I do? I am wearing my best shoes." There was no chance to answer, but I breathed more easily when Fr. Binje, who was sitting next to me, did not get his feet washed. I, too, was wearing my best shoes.

When the last pair of hands had been dried on the towel that was draped over the left arm of the girl carrying the tray, a group of sodality women came forward and after a simple dance and short speech, they produced a new cassock for Fr. Panna. Right then and there, before the assembled crowd, their new cassock was slipped over Father's head and buttoned up over his own. Cincture, too, there was, and it was tied on his left hip with a big bow. White cloth isn't easy to get, but hook or crook, these poor village women managed it. Smiling and patient, Father let them do as they pleased.

The men followed and they left their speech to one man who read it from a decorated scroll. The drums periodically rolled forth their approval of what was being read. With the ear-splitting drumming that marked the end of the address, two elderly women came forward, one of them carrying an earthenware pot of oil. Now I realized what the "malum" would be, and I hoped sincerely that it would be cocoanut and not mustard. But these people are poor and mustard oil it was.

(Continued on page 268)

India, Today and Tomorrow



(Notes From A Lecture By Rev. Jerome D'Souza, S. J.)

Today, many in the world have their attention focused on India with both anxiety and sympathy. She has a very conspicuous position, geographically and strategically, between two opposing blocs, communism and its enemy forces.

India, in her long history has not been in the background from an intellectual and leadership point of view. She has, in fact, carried her doctrines to other nations, China and Japan, and her missionaries traveled far with Buddha's religion.

India's political weakness is not due to a fundamental decadence of her people. Rather, one must understand the mind of the people of India. In our western civilization we take the notion of patriotism, the love of our Father land, as natural and normal. Not so to the Oriental mind. Its social ideal is the community, the caste, and extension of the family.

The race not a territory was the bond that held its people together. In the 19th century, however, the western influence brought about a change in this idea of the Indian people and they awoke to the notion of "their own land." They came to see that devotion to a certain part of the world as their own would strengthen their ties.

India has seen many rulers in her long history. But to the people of India, as long as these rulers did not interfere with their beliefs, customs, religious ceremonies, social regime, it mattered little what went on in "high places." As long as they could live and die as they pleased whether one nation or another ruled them, was of little concern.

India's new rebellion, a moral rebellion not a material one, a peaceful revolution, was an answer to her new spirit of patriotism. England's rule for 150 years left much good in the country and India had assimilated this good. But now, for the first time, India was to be ruled by her own, by the masses. 173,000,000 voted three months ago. People desired to go back to their traditional concepts, revolting against western political domination and materialism.

The turn out of 170,000,000 voters was more than any of the organizers had dreamed. 80% of the voters could neither read nor write, but learned and would continue to be informed by meetings of a political nature, lectures, people going from village to village. Many learned people could neither read nor write and many who read and write today are far from being learned. Nehru, succeeding Gandhi is leader of New India. 22 states took part in the election. Peasantry are not uneducated, (even though they may be still illiterate).

India can learn much from other nations' democratic history. What happens when a democracy fails? Capitalism hoards money in the hands of a few. Democracy means liberty and equality, but political liberty means little unless there is economic and social justice. India is working on this problem of social justice, without whose solution her new government cannot hope to succeed. In a practical way, India is attacking the problem by ruling out the doctrine of untouchability. From now on 10% of all places in school are to be set aside for members of the untouchables to help them see their own dignity and realize their equality with other men. Economically, improvement is being made by agrarian reform. The Feudal system has never been completely abandoned. The time is now and the effort is being made to give the peasants their own land. Also, more advanced methods and irrigation projects are being worked out. Up to now less than 10% of the rainfall was used profitably. To help the food problem this is now being caught and used practically.

(Sr. M. Pierre who is studying in Brooklyn attended Father de Souza's lecture there.)

SR. M. PIERRE

Saint Josephs List

AFRICA NEEDS

Mayo stand for surgical instruments	$20.
50 hospital beds	each $30.
20 baby bassinetts	each $10.

BORN OF THOSE YEARS

by Perry Burgess, New York: Henry Holt

The author of "Who Walk Alone," a novel about a man who lived with leprosy and conquered its horrors, has now written an autobiography. He has an interesting and important story to tell, for as President of the Leonard Wood Memorial he has travelled all over the world, trying to find ways and means of helping the victims of this dreaded disease. There is the expected amount of thrills and human-interest stories in this book. There are the meetings with men like Dr. Hilary Clapp, the son of a Bontok head-hunter, with Big Joe Sweeney of Maryknoll, who built a shelter for his patients in a Chinese cemetery, and with many others. There are the tales of slowly built-up research centers, of colonies and leprosaria, of recent advances and of the vast amount of work that remains to be done.

But the chief item that may be, and should be gained by those who read this book (and we hope there will be many), is a new outlook on leprosy. It is high time that the old horrors and taboos were banished to the past, where they belong. Leprosy is *not* a punishment for sin, it is only very slightly infectious, and what is most noteworthy of all, it can now be cured. These facts should change the attitude of the western world towards leprosy. The emphasis now must be on the hopeful aspects of this disease, not on the horrors. Diasone and DDS have opened a new field of treatment, and the possibilities of cures in leprosy are now much better than they are in arthritis, hypertension or heart disease. The treatment is easy, cheap and painless. In fact, leprosy could be stamped out all over the world, if there were some way of translating theory into practice. A book like this should help towards that goal.

GO, HEAL THE SICK

THE MEDICAL MISSION WORLD

NAVAJO SCHOOL AND HEALTH PROGRAM

In 1950 an indignant public forced Congress to approve a ten-year rehabilitation program for the Navajo and Hopi Indians. Unable to make a living on the desert lands of their reservations they had become the sickest and most destitute groups in the United States. Acute shortage of schools through the years, in addition, has left seventy-five per cent of the Navajos illiterate and unable to speak English. This April, in the second of the ten-year program, Congress reduced the rehabilitation funds so drastically that neither much needed hospitals nor schools can be built.

Alan G. Harper, government area director of the tribes, reported the need for doctors and hospitals as "imperative." He pointed out that in an 8,000 square mile area there is only one hospital and that so small (twenty-eight beds) that tubercular patients can not be segregated. A recent survey disclosed the Navajo tuberculosis incidence is fourteen times that of the nation as a whole. Frank A. Bradley, Navajo Tribal Council's chairman on health and education committee, stated new schools "haven't come into being." (Some 12,00 Navajo children were unable to enter any school this year because of the shortage.)

Veteran champion Reverend Bernard A. Cullen of the Marquette League, the Catholic Indian Mission-aid Organization, calls the situation "a vicious circle." "The Indians are unable to make a living on the reservation and unable to make a living elsewhere because the majority do not speak English. It is the duty of every Christian," says Father Cullen, "to protest against the inhuman treatment of these unfortunate Americans."

Ahmedabed, India (A. I. F.) — In Nadiad about two hours train travel to the south of Ahmedabad, six members of the Sisters of Charity of Saint Anna (Zaragoza) are beginning to build a medical dispensary which they hope will soon develop into a hospital. This is the first Catholic venture in medical assistance in this city where the Protestant missions already have a modern hospital. The dispensary will serve as headquarters for the Sisters in their medical work as they make the round of the locality on their errands of mercy in which they take special interest in giving medical care to Indian women.

(Fides) March 15-52

In Brazil's Campanha diocese, 10 times the size of Belgium, a doctor or medical worker, a farming adviser and a social worker accompany the priest on travelling missions organized to overcome the shortage of priests. The teams travel the countryside in lorries, staying a day or two at each populated center. The priest says Mass and administers the sacraments. The others give advice and inquire into living conditions. More teams are being organized so that the visits can be rapidly followed up and catechists trained. Brazil has only one priest to every 6,500 people. Many large villages have no church.

The Bombay Examiner.

medical mission Chits

From
VENEZUELA
ATLANTA
POONA
RAWALPINDI
SANTA FE
HOLLAND

MARACAIBO

Ever since the Hospital opened, there have been countless visitors here to see it. Some just drop in out of curiosity, but others are important people who are really interested in seeing the best hospital in South America (or so they tell us it is rumored to be!) In January Mr. Fletcher Warren, the U. S. Ambassador to Venezuela, and his party were here. Then about two weeks ago we had a regular "run" on visitors — big Creole officials, doctors from Columbia University, tourists from the Grace Line cruiser, etc., etc. By Friday afternoon I was a little bit tired from listening to my own "tour talk." Saturday morning we decided to clean and inventory our store room and just in the middle of everything, the Superintendent from Creole called to say that Mr. and Mrs. Nelson Rockefeller were dropping in, in 15 minutes to see the Hospital. The Sisters all thought it was a big joke when I told them. But nevertheless, they came and were most interested in everything they saw. As they left, they congratulated us on our "wonderful" work and wished us "good luck." Mrs. Rockefeller was especially interested because she is the chairman of the Nursing Board at Bellevue Hospital in New York.

Sr. M. Miriam, R.N.

ATLANTA

There are invitations to everything it seems. Recently Sister Jacob received an invitation from Daniel to his funeral.

Daniel is an old diabetic patient. He sometimes yields to the irresistable desire for a quarter of a watermelon or a few coca colas, much against the Sisters' admonitions! One morning Daniel appeared very somber, wearing a dark suit and a black felt hat.

"What's the occasion, Daniel?"

"Ah's going to a funeral, Mam." Then Daniel handed Sister a white envelope. "Ah sure hopes you will be able to come to mine," he said with great enthusiasm. The envelope contained all the detailed arrangements Daniel had made for his funeral. It even included eight funeral cars.

"Why, of course, Daniel. You know we would want to go. Just let us know the date." Daniel smiled broadly. The insulin was given. Daniel bowed out of the door. Clinic routine went on again.

Sister M. Edward, M.T.

POONA

We have been here for about six weeks now and feel quite at home. April and May are supposed to be the hottest months. After that the monsoon will break the hot spell. The thermometer climbs to 100 ev-

RAWALPINDI

Sister M. Kathleen and three of her Senior Student Nurses with awards received for best Student Nurses' exhibit at the recent meeting of the Trained Nurses Association of Pakistan held in Lahore.

ery afternoon, so you see it is rather "warm."

We have an American breakfast and supper, and an Indian dinner, consisting of rice and curry. In the beginning Sister Richard and I could hardly eat the curry. We had tears in our eyes and had to drink lots of water. But one soon gets used to it. As there is a rice shortage we sometimes eat chapaties. They look like pancakes, but are made of wheat.

Sr. M. Henrietta

CATHOLIC ACTION IN SANTA FE

"Two Sundays ago, about 15 of the Catholic Action people, both from Santa Fe and Albuquerque, had here what turned out to be a Day of Christian Living. It started the previous Monday when Margaret Carey asked if the girls she meets with for Mass preparation and Compline every Saturday night could have breakfast together in the basement of La Casita on Pentecost. I told them they certainly could have the breakfast but not in the basement. On Friday when I asked how many were coming Margaret said 25. This, I knew, would be no little affair. Roberta Carley and the other Grailville girls who are in Albuquerque came up on Saturday night and we set up the tables in the living room. They had made beautiful place cards and favors. Sunday morning they all went to the Pontifical High Mass at the Cathedral together and came back about 11 A.M. (still fasting) for breakfast. Stanley Visher was the "father" for that day. Arthur Vigil was here and Orlando de Bettincort from St. Michael's College. Gloria Lujan, Marie Soto, Lourdes Gutierrez, and the five Grailville girls plus about seven other girls were at the meals. When they began their singing we went in to listen. There was a beautiful spirit throughout the day, and I think the Sisters too derived very much from sharing their sincerity and simplicity. In the afternoon they went to Hyde Park for a picnic.

Sister Patrick asked me if she could talk to the leaders about the possibility of doing something similar for a small group of our Mothers on the Feast of the Sacred Heart. I told her I thought it would be wonderful and the girls were most enthusiastic. They had a Day of Christian Living planned for the following Sunday in Albuquerque at Fr. Schmitt's parish with 60 women invited. The theme there was to be "RESTORE THE SUNDAY." They would talk it up and see if they could get Agnes Sanchez (Grailville trained and one of our mothers) to lead the day here. The theme: THE ENTHRONEMENT OF THE SACRED HEART IN EACH FAMILY— THE PRACTICE OF SAYING THE MORNING OFFERING BY EACH MEMBER OF THE FAMILY AND THE DEMONSTRATION THROUGHOUT THE DAY OF HOW A FAMILY CAN CELEBRATE A FEAST DAY TOGETHER.

I asked Father Snyder from Guadalupe who used to be the assistant with Msgr. Cassidy at Santa Rosa if there were a possibility of his offering Mass for the mothers and giving the theme at a little talk during the Mass. He was very enthusiastic and got Msgr. Schoeppner's permission on condition that it was O.K. at the chancery office.

Yesterday Agnes and Delfido Sanchez and their baby came for a check-up and brought the results of her meeting with the girls at Albuquerque. They plan to talk during breakfast about what the mother can do in her home to celebrate Sundays with her children and husband, and about devotion to the Sacred Heart. They plan some reading also to clinch what they have talked about. The mothers will help wash dishes out in the side yard where they will have their meals. There are some folk dances and some songs planned also.

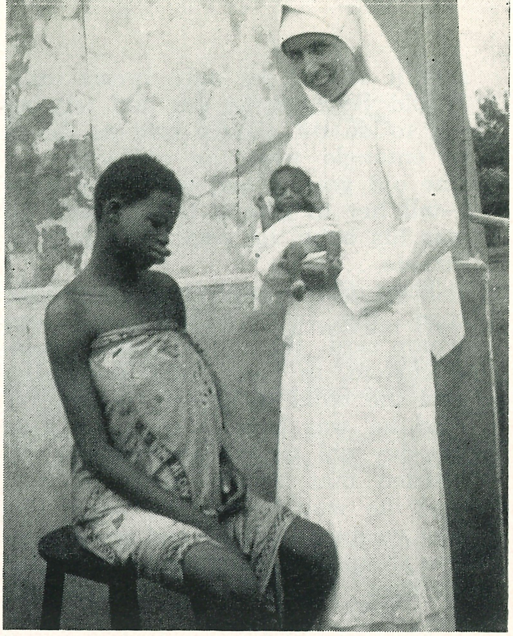
After an explanation of the enthronement, a renewal of our enthronement is planned to demonstrate how it is to be done in their homes. Fr. Hill brought us many booklets on the enthronement from the Seminary—also many pictures of the Sacred Heart. The cost of them (10c) will come from the one dollar fee for the day. Also this will pay for their food. So far 25 have been invited. They are mothers for the most part who have completed mothers' classes and are thought to be able to derive something from such a day.

Sr. M. Michael, R.N.

The Medical Mission Sisters were represented at the Tenth International Academic Mission Congress in Aix-la-Chapelle (Aachen), June 2 to the 5th, by Sister M. Eleanore, M.D. (center) and several Sisters of the Dutch pro-province.

PALAVER IN THE GOLD COAST

Sr. M. Raphael, B.S. Pharm.



"I won't give him up for two bicycles, Sr. Raphael!"

This week Holy Family Dispensary had a social problem to deal with, although I do not think we affected the issue one iota. A group of Northern Territory people, of the Gurisy tribe, came in with a sick woman, four days post-partum. Besides medical care, the husband wanted us to arbitrate with her family.

It all started back in their homeland, about four hundred miles north of us. There, the people are very simple, and very poor. The country is semi-arid; crops are poor. Many of the men migrate to Ashanti to work in the cocoa farms. As the families are usually reluctant to let the young women come so far, the men often steal them away as brides. This young couple had made the flight a year ago, and thought themselves secure until several weeks ago when her family appeared en masse to bring her home. Mother, sister, and several brothers had made the long journey, mostly on foot, to find daughter. Arrangements for a marriage had been made with a wealthy suitor. (The young husband told us confidentially that the suitor was very rich; he owned many cloths, and *two* bicycles.)

The husband begged us to decide, but one look at the grim little old granny told us we did not have anything to do about the matter. It was purely a family palaver. They settled on the verandah, husband and wife, mother and brothers, and one of her sisters, and took up the dispute which had evidently been going on for many days, each one trying to outshout the others.

It was a difficult situation; we had a hundred odd other patients to care for, and were grateful their troubles were medical, rather than social. The Gurisy family certainly added to the general confusion; we tried to get them off as soon as we could. Mame was examined and sent down for medicine, but the husband was not to be rushed. He was back in the consulting room a dozen times: the grandmother was giving the baby dirty water to drink, and we had said it should get only breast milk. Would Sister come out and tell her not to do it? (Sister had no desire to entangle with the old warrior.) The old granny had taken the baby—tell her to give it back to him. It was his baby, he wanted to hold it, etc. etc. . . .

They finally went off down the road, the father holding his one trump card: the baby. Unlike Ashanti custom, in their tribe, the father gets the child in case of separation. And he was holding onto the little five-day old infant for dear life. He insisted that if they took the wife back he would keep the baby. She was weeping noisily, and her family was shouting as they had been doing for days.

* * *

After they left we asked our staff what would be the outcome, and they were quite sure that the woman would not return with her family. Family claims are strong but she would not leave her baby even for wealth.

SWARGAT

(Continued from page 260)

Fr. Panna got a very generous supply on his head, face and hands—so much so that others pulled up the sleeves of his two cassocks to save them from being stained. What the Vicar General got, I didn't see for he was on the other side of Father Panna. Fr. Binje, who had been sitting with his black felt hat in his lap put the hat on his head to get it out of the way when the "oily ones" came to him. That saved his head, but he got enough on his beard and hands. And then it was my turn. The old lady whom I knew well from her visits to the Dispensary looked as if she were aiming for my face. Quickly I put both hands out to her and that did it. Sr. Francis and I had only our hands oiled.

More garlands were followed by an endless line of folks bringing gifts. Courtesy required Fr. Panna to receive each gift, regardless of what it was, in his own hands. All that came into his right hand went to the Vicar General and on to the end of the row, where they piled up. All that came into his left hand went to Father Superior, to me, to Sr. Francis and so on. I can vouch for two geese, four ducks, a kid, at least six hens and roosters, rice, potatoes, bananas, and plenty of eggs.

When Father Panna stood up to speak, it all stopped and his words of gratitude and appreciation rang out clearly for all to hear. Loud "Hip-Hip Hurrahs" burst forth from the male section and the drums still re-echoed them, as the *Swargatam* ended, and we crossed the road back to the hospital and duty.

Kindly send THE MEDICAL MISSIONARY to:

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MEDICAL MISSION SISTERS

8400 Pine Road, Fox Chase, Phila. 11, Pa.

U. S. $1.00 for 1 year; $5 for 6 years

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Holy Father's Address To Nurses

Your profession demands complete dedication to the patient, be he rich or poor, easy to get on with or not. The nurse is not an office worker free to leave, without worries, when hours are up. Sometimes there are urgent cases, days burdened with work when interruption or rest are impossible.

The patient himself is part of this complete dedication, because sometimes he is capable of making a big effort, but he gets tired and irritable when faced with the daily little annoyances.

Discretion is the crowning moral virtue of the nurse, a person bound to observe professional secrecy. She may never reveal what the patient says in confidence or while in delirum, if harmful to his reputation or his family.

BUT THERE ARE still more lofty virtues—virtues that derive a particular splendor from the Christian Faith: respect of the patient, truthfulness, and moral strength. Respect of the man who, at times, loses much of that which makes the human person rsepectable—courage, serenity and clearness. Respect of his body, the temple of the Holy Spirit, redeemed by the Precious Blood of Christ, destined for resurrection and eternal life (Cf I Cor. 6, 19, 20.)

Truthfulness in the relations with doctors, the sick and their families who have the right to believe what the nurse tells them. Sometimes, it is a question of the health of the soul as well as that of the body. It may easily be a serious sin to put off the patient's preparation for the long journey to eternity.

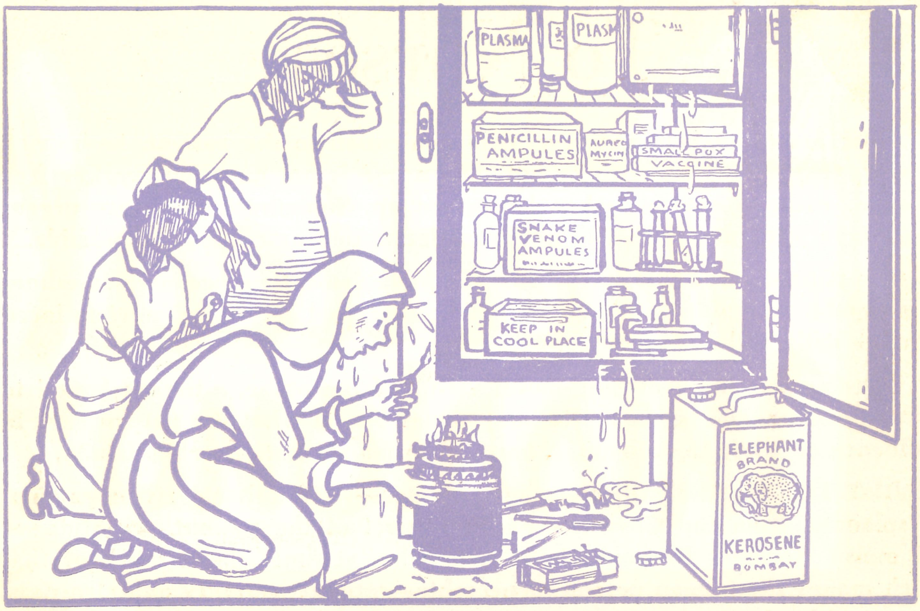
Finally, moral strength, especially where the laws of God are concerned. What We have proviously stated with regard to medicine and moral problems —for example in Our address on Nov. 12, 1944, to the Italian Medical Biological Union, "San Luca," and in that of Oct. 29, 1951, to the Union of Italian Catholic Midwives—is equally applicable to the activities of the nurse.

Such, beloved sons and daughters, is the picture of what your profession demands. It might be said that few attain this ideal. But is this true? To your honor We believe We can say that many of you carry it out fully.

Nevertheless it is true that you could not remain up to the level of your office and its obligations if you lacked moral energy derived from, and nourished by, a deep and lively faith. If you think of your work and perform it merely as a job, an honorable one but one that is something purely human; if you do not draw your Christian strength from the Holy Eucharist—then, in the long run, you will not succeed in remaining faithful to your duties. . . .

Pope Pius XII, May 26, 1952

(Copies of complete address (10c) may be obtained from the Medical Mission Sisters, 8400 Pine Rd., Philadelphia 11, Pa.)


PLASMA
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AUREOMYCIN
SMALL POX VACCINE
SNAKE VENOM AMPULES
KEEP IN COOL PLACE
ELEPHANT BRAND
KEROSENE
BOMBAY

MORE POWER TO IT!

Dear St. Joseph:

Imagine struggling to light a kerosene stove to get ice!!! With the temperature 110° in the shade — precious drugs spoiling—Ram Chandra's life depending on that venom (for snake bite)! Talk about "sweating out a mission," that's what the Sisters go through in Patna to get that kerosene icebox operating again—while visions of an electric refrigerator in the new Holy Family Hospital dance through their heads.

Won't you please contact your "live-wire" friends, St. Joseph, and ask them to install the ELECTRICITY in the new hospital? A bit of vacation money from many could generate the power to "turn on the switch"—and also fuse our prayers with the givers' intentions.

Persistently yours,

Mother Anna Dengel, M.D.

- -

Are you a friend of St. Joseph?

Dear Mother Dengel,

Here is my contribution $____________________ for your Holy Family Hospital in Patna.

Name ____

Address ____

City ____________________ Zone _____ State ____________